# Strengths and Limitations of Profile

*LIMITATIONS AND CAVEATS*

Data collected through the Indiana HIV/AIDS surveillance system is collected through: 1) required reports of persons with HIV infection and AIDS diagnosed or treated by physicians and hospitals, and 2) by laboratories that test for HIV, indicators for HIV, an antigen of the virus, or antibodies to that virus. Indiana reporting is designed such that the surveillance system receives multiple reports on each diagnosed person as the disease progresses and as various health care providers serve the person. AIDS case reports are the only HIV-related data consistently available on a population-wide basis in all states by sex, race/ethnicity, age, and mode of HIV exposure (risk factor). Job Corps entrants and civilian applicants for military service are also tested for HIV and reported to the CDC as an aggregate.

HIV and AIDS case report data represents those persons who: 1) have confidentially tested positive for HIV, 2) received medical care, and 3) have been reported by the health care provider. Deaths are voluntarily reported and gleaned from death certificates with HIV or AIDS identified as a cause of death.

Data from the federally funded and state administered HIV Counseling and Testing Services (CTS) program's counseling and testing sites may assist in assessing the characteristics of newer HIV infections except that CTS clinic data have several limitations. CTS clients are self selected and do not necessarily represent more recent infections in the state. The data represent tests performed, not persons tested, and the tests include unlinked results and repeated tests. Those tests that are performed confidentially and test positive for HIV are reported to the surveillance system by name and thus are linked and unduplicated in the surveillance reporting system. Comparing CTS data based on tests done and surveillance data based on reported cases has some variation in all groups.

Data are also included from the Sexually Transmitted Disease program, Tuberculosis Control program, Risk Factor Surveillance program, and the Vital Statistics Unit at the Indiana State Department of Health. Data from the HIV Surveillance Report by the Centers for Disease Control and Prevention were included as well.

It is advisable not to over-interpret small changes or differences from year to year or between different groupings within the same year. Given the low numbers of cases in some categories, they may be misleading. Also misleading can be slight differences in exact numbers, depending on which database they were derived. In those cases it is more the general tendency that is relevant and not the exact absolute number. All data sources are not equivalent, and not all databases will add up to the exact same numbers.